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Secretary of State

03-25-2005 90041 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044818

1. Entity Name
A H R PROPERTIES, INC.

66014089

Principal Place of Business	Mailing Address
12187 ROCKLEDGE CIRCLE BOCA RATON, FL 33428	12187 ROCKLEDGE CIRCLE BOCA RATON, FL 33428

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12187 Rockledge Circle	12187 Rockledge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip 33428 Country US	Zip 33428 Country US

4. FEI Number 20-0847271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, AVI
12187 ROCKLEDGE CIRCLE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name: AVI RUBIN
Street Address (P.O. Box Number is Not Acceptable): 12187 E ROCKLEDGE CIRCLE
City: BOCA RATON FL Zip Code 33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Avi Rubin - President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President — AVI RUBIN 12187 Rockledge Circle Boca Raton, FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #